

WORK PERMIT #

ILR / Work Order # _____ Construction Job # _____ Tracking # _____ Account # _____

1. Work requester fills out this section

STANDING WORK PERMIT ☐Requester: OVE DYLING Date: 3-31-99 Ext. 5297 Dept/Div/Group: EP

Other Contact person (if different from requester): _____ Ext. _____

Start Date APRIL 15, 1999 Estimated End Date AUGUST 1, 1999Description of Work / Problem: INSTALL 71.5'x60' MODULAR OFFICE BUILDING
NEAR BUILDING 1008. WORK INCLUDES FOUNDATIONS AND SITE
UTILITIES.Building 1008 Room _____ Equipment _____

2. Work requester, work provider, and ES&H (as necessary) jointly fill out this section or attach analysis

Hazard Analysis**RADIATION CONCERNS**☒ NONE

- ☐ Activation ☐ Airborne ☐ Contamination ☐ Radiation ☐ OTHER _____
☐ Special nuclear materials involved (ES&H 3.7.0), notify Group Leader, Isotope Special Materials Group (SSD)
☐ Fissionable materials involved (ES&H 3.7.0), notify Laboratory Criticality Officer (DAT)

SAFETY CONCERNS☐ NONE

- ☐ Adding / Removing Walls or Roofs ☒ Excavation (ES&H 1.18.0) ☐ Noise
☐ Asbestos ☒ Flammable (ES&H 4.10.2) ☐ Non-ionizing Radiation
☐ Biohazard ☐ Fumes/Mist/Dust ☐ Oxygen Deficiency
☐ Chemicals ☐ Heat/Cold Stress (ES&H 2.5.0) ☐ Penetrating Fire Wall
☐ Confined Space (ES&H 2.2.4) ☐ Hydraulic ☐ Pressurized Systems (ES&H 1.4.1)
☐ Corrosive ☐ Lasers (ES&H 2.3.1) ☒ Rigging/Critical Lift (ES&H 1.6.0)
☐ Cryogenic (ES&H 5.1.0) ☐ Lead ☐ Toxic
☒ Electrical (ES&H 1.5.0) ☐ Magnetic Field ☐ Vacuum
☐ Elevated Work ☐ Material Handling (ES&H 1.6.0) ☐ OTHER _____

ENVIRONMENTAL CONCERNS☒ NONE☐ OTHER _____

- ☐ Haz/rad materials will be released to the air via a new/modified ventilation system, hood, or stack (ES&H 6.1.4 and 6.1.5) ☐ New haz/rad materials will be released via the liquid effluent system to the sewage system or an impoundment (ES&H 6.1.2 and 6.1.3). Notify Regulatory Compliance Engineer, E. P. O. (ES&H Services) for permit.
☐ Acutely hazardous chemical

Waste Generated☐ NONE☒ Clean Waste☐ PCB☐ Hazardous Waste☐ Radioactive Waste☐ Mixed Waste

Waste disposition by:

Work Controls**WORK**☐ NONE☐ Containment☐ IH Survey☐ Scaffolding - requires inspection**PRACTICES**☒ Back-up Person/Watch☐ Exhaust Ventilation☒ Lockout/Tagout (ES&H 1.5.1)☐ Time Limitation☒ Barricades☐ HP Coverage☒ Posting/Warning Signs☐ OTHER _____**PROTECTIVE EQUIPMENT**☐ NONE☐ Ear Plugs☒ Gloves☐ Lab Coat☒ Safety Glasses☐ Coveralls☐ Ear Muffs☐ Goggles☐ Respirator☐ Safety Harness☐ Disposable Clothing☐ Face Shield☒ Hard Hat☐ Shoe covers☒ Safety Shoes☐ OTHER _____**PERMITS**

Initial next to box to show who has responsibility to generate the permit

REQUIRED☐ NONE☒ Digging/Core Drilling (ES&H 1.18.0)☐ Impair Fire Protection Sys. (ES&H 4.2.0)

(Please attach)

☐ Confined Space Entry (ES&H 2.2.4)☐ Electrical Working Hot (ES&H 1.5.0)☐ Rad Work Permit (BNL RadCon Manual)☒ Cutting/Welding (ES&H 4.3.0)☐ Dept/Div Specific Permit**DOSIMETRY/ MONITORING**☒ NONE☐ O₂/Combustible Gas☐ Self-reading Dosimeter☐ Heat Stress Monitor☐ Passive Vapor Monitor☐ Sorbent Tube/Filter Pump☐ Noise Survey/Dosimeter☐ Real Time Monitor☐ TLD☐ OTHER _____**Training Requirements** (List below any location specific training requirements)**CONTRACTORS ORIENTATION**

Based on analysis above, the Review Team determines the job hazard category:

JOB HAZARD CATEGORY: ☒ LOW ☐ MODERATE ☐ HIGH

Work Coordination Only

Job Safety Analysis (JSA) Required? ☐ Yes ☐ No

If job is low hazard and skill-of-the-craft, the back side of the permit does not need to be filled out. Sign for concurrence.

Work Control Coordinator [Signature]Life # 479

Work Provider

Life #

FILE CODE:

3. Both work requester and work provider coordinate on work plan (use attachments for detailed plan)

Work Plan (procedures, timing, personnel, etc.):



Special Working Conditions Required:

Operational Limits Imposed:

Post Work Testing Required:

Configuration Control Review Required Yes No Walkdown performed Yes No

Reviewed By: *Note: Primary facility reviewer will dictate the other required signatures. The level of review shall be determined by the details of the work plan, hazards, and work controls necessary to perform the activity. Review done: ☐ in series ☐ team

Title	Name (print)	Signature	Life #	Date
<input type="checkbox"/> Primary Reviewer	JOE COLLINS		14795	4-9-99
<input type="checkbox"/> ES&H Services	Lori Stiegke		19497	4/8/99
<input type="checkbox"/> Requester/Contact				
<input type="checkbox"/> Others *				

4. Job site personnel fills out this section

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements

Job Site Supervisor	Contractor Supervisor
Workers: _____ Life # _____	Workers: _____ Life # _____
_____	_____
_____	_____
_____	_____

5. Work Requester or designee fills out this section

Conditions are Appropriate to Start Work: (Work permit has been reviewed, work controls are in place, and site is ready for job.)

Name	Signature	Life #	Date

6. Work Requester determines if Post Job Review is required Yes No (Fill in names of reviewers)

Post Job Review:

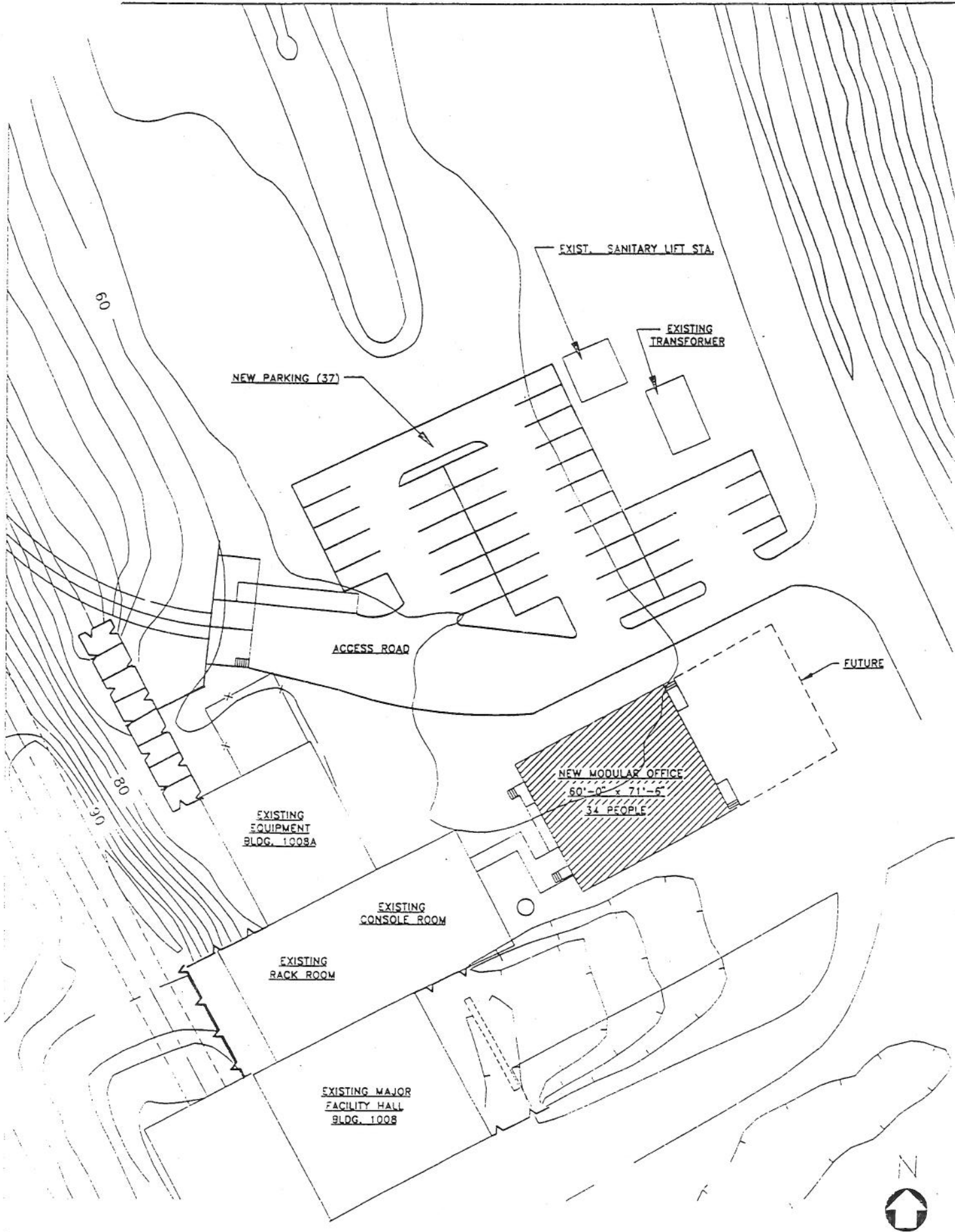
Name: _____	Signature _____	Life #: _____	Date: _____
Name: _____	Signature _____	Life #: _____	Date: _____
Name: _____	Signature _____	Life #: _____	Date: _____
Close-out signature (as necessary):	Signature _____	Life #: _____	Date: _____

7. Worker provides feedback

Worker Feedback:

Is worker feedback required on this job? ____ YES ____ NO (attach feedback form)

Worker: Any feedback on safety concerns or on ways to improve the job? YES NO (ask for form if not attached)



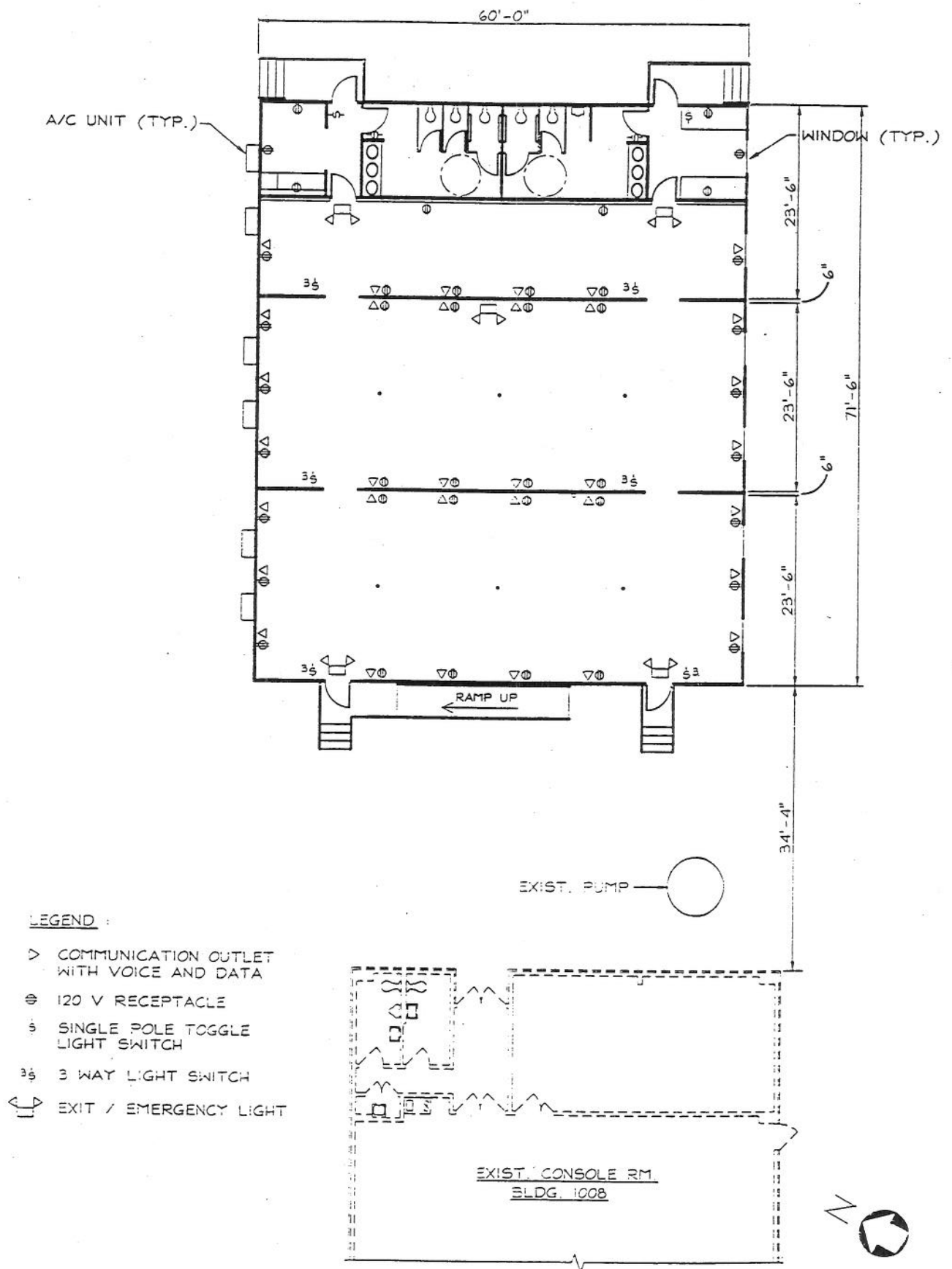
BROOKHAVEN NATIONAL
LABORATORY

PLANT ENGINEERING E&CS DIVISION
UPTON, NEW YORK 11973

BUILDING 1008 AND 1006 OFFICE MODULARS

LOCATION PLAN

DWG. 9348-A1



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BUILDING 1008 AND 1006 OFFICE MODULARS

MODULAR OFFICE NEAR 1008 | DWG. 9348-A